Name in Full Charles M Baity

Certificate of Death

Died at Town Hagerstown County Wash MARYLAND

Date 1899 Month 11 Day 4 | Age Y 2 M. 0 D. 0 | Native of Hagerstown | Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Charles Baity Mother's Name Bettie Baity

Cause of Death Primary Membrane Croup How long sick 2 wk

Immediate 86 Accident, Suicide, Homicide

Reported by A K. Coffman Undertaker

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Sadie M. Barlop

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Day Nov. 12 Age Y. M. D. 31.– Native of Md. Occupation Maid

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

57

Father's Name Isaac Barlop Mother's Name Margaret Barlop

Cause of Death

Primary Valvular disease of heart – How long sick Invalid for several years

Immediate Insufficiency of Mitral valve ~~Accident, Suicide, Homicide~~

Reported by A. H. W. Hague

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full — Certificate of Death

William S. Davis —

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 189 — Month: Nov. — Day: 28th — Age: Y. 56 M. — D. — Native of: Maryland — Occupation: Merchant

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widower~~ / Widowed — ~~Divorced~~ — Number of children living: 2

Husband of Wife: Sallie Renner Davis —

Father's Name: Wm. J. Davis — Mother's Name: 5-7

Cause of Death — Primary: obstructive valvular disease of heart — How long sick: 2 hours

Immediate: Congestion and oedema of lungs — ~~Accident, Suicide, Homicide~~

Reported by: A. H. Hagan —

Address: Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name in Full | Certificate of Death

Catherine Amelia Eakle

Died at Town: Eakles Mills County: Washington MARYLAND

Date 1899 Month: Nov Day: 25 Age Y.: 78 M.: 3 D.: 27 Native of: Md Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife - Martin Eakle

Father's Name: Jacob C Snively Mother's Name: Susan Wyand

Cause of Death: Primary: General Debility 1411 ~~How long~~ Ill bed about 10 days

Immediate: Heart Failure ~~Accident, Suicide, Homicide~~

Reported by: N. M Hendricks M.D.

Address: Reedysville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — — Eby

Certificate of Death

Died at Town Hagerstown County Wash. MARYLAND

Date 1899 Month 11 Day 12 | Age ~~Y. M. D.~~ 1 Mo. | Native of Hag — | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

161

Father's Name Jacob Eby | Mother's Name Mary Eby

Cause of Death: Primary Dom - 1 mon | How long sick —

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Wm Preston Miller M.D.

Address 27 W Franklin St. Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Henry F Emmert

Died ~~at~~ near Town Hagerstown County Washington Co. MARYLAND

Date 1899 Month Nov Day 11 | Age Y. 67 M. 2 D. 11 | Native of Washington Co | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Arilla Windes

Father's Name Samuel Emmert

Mother's Name Mary Newcomer

Cause of Death: Primary Prostatitis 104 | How long sick continuous whole for 30 days.

Immediate Cystitis with Anemia | ~~Accident, Suicide, Homicide~~

Reported by A N Mason

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Emma V. Forthman — Certificate of Death

Died at Town Downsville County Washington MARYLAND

Date 189 Month 9 Nov. Day 23 | Age Y. 40, M. 3, D. 26 | Native of | Occupation Seamstress

~~Male~~ Female | White | ~~Married~~ | Widow | ~~Divorced~~

~~Colored~~ | Single | Widower | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Forthman | Mother's Name Elisabeth Davis

Cause of Death: Primary Organic Heart Disease — How long sick 1 year

Immediate Angina Pectoris — ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M. D.

Address Fair Play Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mrs Nancy Grimes

Died at Town Smithsburg County Wash MARYLAND

Date 1899 Month Nov Day 22 Age Y. 88 M. D. Native of Md Occupation Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Wilson Grimes

Father's Name John Shoemaker Mother's Name Mary Shoemaker

Cause of Death Primary Nerval Dropsy How long sick 1 day

Immediate apoplexy 97 ~~Accident, Suicide, Homicide~~

Reported by J. H. Barthes

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Miss Minnie Hassett

Died at Town: Clearspring. County: Washington — MARYLAND

Date 1899 Month 11. Dey 29 | Age Y. 47. M. 10. D. 11 | Native of Md | Occupation Seamstress

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Thomas Hassett — Mother's Name Ellen Hassett 47

Cause of Death: Primary Unknown — How long sick 3 hours

Immediate Cerebral hemorrhage ~~Accident Suicide Homicide~~

Reported by Abraham Shank M. D.

Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full | Certificate of Death

Adam C Hildebrand

Died at Town: Smithsburg | County: Wash | MARYLAND

Date 1899 Month: Nov Day: 11 | Age Y. 75 M. 2 D. 17 | Native of Pa | Occupation Merchant

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 4

Husband ~~Wife~~ of Barbara Oswald

Father's Name Not known | Mother's Name Not known

Cause of Death: Primary Tuberculosis 2 2a | How long sick One Month

Immediate General Debility | ~~Accident, Suicide, Homicide~~

Reported by F. Barber

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Edna J. Hentson Hutson

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Nov. Day 1 | Age Y. 4 M. — D. | Native of Maryland | Occupation Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

8a

Father's Name Henry H. Hentson. Mother's Name Josephine Hutson

Cause of Death: Primary Diphtheria — How long sick ten days

Immediate Uraemic Convulsions — ~~Accident, Suicide, Homicide~~

Reported by A. H. W. Hagan

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Name in Full Oliver Lewis

Certificate of Death

Died at Town Williamsport County Was MARYLAND

Date 1899 Month Nov Day 1 | Age Y. 25 M. D. | Native of Ma | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife Darsey Blair

Father's Name ——— Mother's Name ———

Cause of Death: Primary Consumption 22a

Immediate " "

How long sick 18 mos

Accident, Suicide, Homicide

Reported by Chas Chaney J. F. Kreps

Address Town Undertaker Wmsptt Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Liddy

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Nov Month Day 27 | Age Y. 3 M. 7 D. 22 | Native of Pleasant | Occupation Died

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name J J Liddy

Mother's Name

Cause of Death: Primary Diphtheria 8 a

Immediate Broncho Pneumonia

How long sick Two days

Accident, Suicide, Homicide

Reported by Chas. B Boyle M.D.

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Emma M. Tizer

Town

County

Died at Hagerstown Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Nov	29	Age 12	6	22	Md	School girl

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Wi~~dow~~ Widower | ~~Divorced~~ Number of children living

Husband / Wife of ———

Father's Name John Tizer

Mother's Name Sarah Tizer

Cause of Death: Primary Diphtheria 8a | How long sick 2 wks

Immediate Cardiac Failure | ~~Accident, Suicide, Homicide~~

Reported by Wm Rohrer Miller

Address Hagerstown Md

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Harry A Loudenslager

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 11 Day 5 | Age Y. 20 M. D. | Native of Maryland | Occupation Mason

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

22a

Father's Name John Loudenslager

Mother's Name Mrs. Jno. Loudenslager

Cause of Death: Primary Phthisis Pulmonalis | How long sick 6 weeks

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E M Schindel, M. D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full Harry C Lum. Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Nov Day 11 | Age Y. 7 M. 8 D. 10 | Native of Washington State | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name John F Lum Mother's Name Nella Lum

Cause of Death Primary Gastric Fever 154 How long sick 2 weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by E A Wareham

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Bertha McElroy

Certificate of Death

Died at (Town): Williamsport (County): Was

MARYLAND

Date 1899 (Month / Day): Nov 2 | Age (Y. M. D.): 8 yrs | Native of: Town | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of Daughter

Father's Name: Mr McElroy

Mother's Name: —

Cause of Death: Primary: Diptheria

Immediate: "

How long sick: 3 Wks

~~Accident, Suicide, Homicide~~

Reported by: Parents

Address: Town

J. F. Kuhs
Undertaker 6-22
Mnspt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

141

Name In Full

Certificate of Death

Agnes Mackey

Town County

Died at Hagerstown Washington MARYLAND

Date 1899 Month 11 Day 14 Age Y. 5 M. 3 D. 17. Native of Williamsport Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Benj. Mackey Mother's Name Lizzie Mackey

Cause of Death Primary Pneumonia How long sick 4 days

Immediate 72 ~~Accident, Suicide, Homicide~~

Reported by E. A. Nassum

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

Name in Full — Certificate of Death

Mary Louisa Perry

Died at Town: Clearspring County: Washington MARYLAND

Date 1899 Month: Nov Day: 5th | Age Y.: 38. M.: - D.: 10 | Native of: Ind | Occupation: ———

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living ———

Husband / Wife of ———

Father's Name: Herman Felton Perry

Mother's Name: Louisa Mary Prather

Cause of Death — Primary: Rheumatoid Arthritis — How long sick: ———

Immediate: Heart Failure 136

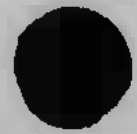
~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr J. P. Perry

Address: Clearspring Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name In Full William Reese

Certificate of Death

Died at Town Boreck County Wash MARYLAND

Date 189 9 Month 11 Day 16 | Age Y. 23 M. D. | Native of md | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife Miss Dubrow

Father's Name Jacob Mother's Name Mary

Cause of Death Primary Typhoid How long sick 3 weeks

Immediate Perforation of Bowels ~~Accident, Suicide, Homicide~~

Reported by Bronny & Bost 1

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. S. S. Davis

of Boonsboro Md

Seen by Coroner ✓

of ✓

Information contained in this certificate received

from Jacob. Reese

of Beaver Creek

Md

Name in Full

Certificate of Death

Henry Shank

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 11 Day 22 | Age Y. 69 M. D. | Native of | Occupation Blacksmith

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — 161 — How long sick

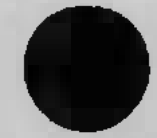
Immediate — Accident, Suicide, Homicide

Reported by Brunswick Herald 11-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Susan Shrader

Town

Died at Damascus

County

Washington

MARYLAND

Date 1899 Month Nov Day 17

Age Y. 52 M. 5 D. 3

Native of Maryland

Occupation Housewife

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living 3

~~Husband~~ Wife of John Shrader

Father's Name Geo Palmer

Mother's Name Susan Shoemaker

Cause of Death: ~~Primary~~ Paralysis 44 — How long sick Hours

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by Richard J. Duckett

Address Barnesville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Babara Sribur

Died at — Town: Hagerstown — County: Wash — MARYLAND

Date 1899 — Month: Nov — Day: 7 — Age: Y. 50 M. — D. — Native of: Md — Occupation: Home work

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 6

Husband of Wife: Conrad Sribur — 52

Father's Name: Geo Sriser — Mother's Name: Delia Fumar

Cause of Death — Primary: Cerebral Tumor — How long sick: 3 mo

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: John Preston Miller

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Otho Blackford Smith

Town — County

Died at Boonsboro, Washington — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 11	15	Age 61	10	10	Md	Farmer

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 1

Husband of ~~Wife~~ Annie E Smith

Father's Name Otho J Smith M.D. — Mother's Name J. Y. Blackford

Cause of Death — Primary: Valvular Disease of Heart — How long sick: Two years.

Immediate: 57 — Accident, Suicide, ~~Homicide~~

Reported by Dr. Edgar T Smith

Address Boonsboro Washington Co, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mary Hendrick Wallance

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 189 9 — Month: Nov — Day: 20 | Age — Y.: 14 — M.: 3 — D.: 2 | Native of: Md | Occupation: —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Geo Wallance — Mother's Name: Mary Smith

Cause of Death — Primary: Diphtheria 8a — How long sick: 3 days

Immediate: Cardiac Failure — Accident, Suicide, Homicide

Reported by: A. P. Stumpfer, M. D.

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898